

1

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08730

Reg. Dist. No. 162

8724

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rural Grantsville</u>		<u>19 Yrs</u>		TOWN <u>Rural Grantsville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>MAGDALENA</u> (Middle) <u>-----</u> (Last) <u>BEILER</u>				Sept. 8 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Married	May 3, 1893	62 yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>own home</u>		<u>Welshfield, Ohio</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Noah N Byler</u>				<u>Lydia Gingerick</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		<u>none</u>		<u>John Beiler, Grantsville, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis</u>				<u>12 yrs</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u>, 19 <u>46</u>, to <u>8 SEPT</u>, 19 <u>55</u>, that I last saw the deceased alive on <u>8 SEPT</u>, 19 <u>55</u>, and that death occurred at <u>8 P.M.</u>, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<u>B H HOKE JR M D</u> M.D. <u>SALISBURY PENNA</u>				<u>9 SEPT 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>9/11/55</u>		<u>Springs</u>		<u>Springs, Somerset Co., Pa.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Sept 10/55</u>		<u>Ethel Broadwater</u>		<u>Donald F. Newman</u>		<u>Grantsville, Md.</u>	

CERTIFICATE OF DEATH

1955

1. LOCAL HEALTH DEPARTMENT DISTRICT

2. NAME OF DECEASED

3. SEX

4. AGE

5. RACE

6. OCCUPATION

7. DATE OF DEATH

8. TIME

9. PLACE

10. CAUSE

11. SIGNATURE

12. SIGNATURE

13. SIGNATURE

14. SIGNATURE

15. SIGNATURE

16. SIGNATURE

17. SIGNATURE

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BUREAU V. S.

SEP 13 1955

RECEIVED

INSTRUCTIONS TO WATERBURY STATION

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH

08731

2411 N. Charles Street, Baltimore

8725

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH- COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Gormanian, W. Va.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Gormanian, W. Va.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>100</u>		STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Aaron</u>	(Middle) <u>Frank</u>	(Last) <u>BOWERS</u>
4. DATE OF DEATH	(Month) <u>Sept.</u>	(Day) <u>21,</u>	(Year) <u>1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Sept. 30, 1870</u>
9. AGE last birthday <u>84 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>	
11. BIRTHPLACE (State or foreign country) <u>Columbia Furnace, Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Joseph Bowers</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Barb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY No. <u>236-14-1815</u>	
17. INFORMANT <u>Mrs. Virginia Bowers Harvey</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a) <u>Terminal Bronchopneumonia</u>		<u>3 Days</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arterio-sclerotic Cardio-vascular Disease</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Sept., 1955, to 21 Sept., 1955, that I last saw the deceased alive on 20 Sept., 1955, and that death occurred at 4:10 m., from the causes and on the date stated above.

SIGNATURE <u>R. E. Mance</u>	(Degree or title) <u>MD</u>	ADDRESS <u>Oakland Md</u>	DATE SIGNED <u>22 Sept 55</u>
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <u>Sept. 23, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Fairview Cem., Md.</u>	LOCATION (City, town, or county) (State) <u>Garrett County, Md.</u>
DATE REC'D BY LOCAL REG. <u>9/28/55</u>	REGISTRAR'S SIGNATURE <u>Elmer C. Shaffer</u>	24. FUNERAL DIRECTOR <u>J. D. Duncan</u>	ADDRESS <u>Thomas, W. Va.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

OCT 3 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8726

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08732

No. 166

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Garrett		MARYLAND	STATE Maryland COUNTY Garrett		
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Rural Oakland		LENGTH OF STAY (in this place) ---	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Lake Park,		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Breast of Dam Deep Creek Lake			STREET ADDRESS (If rural, give location) Loch Lynn Heights		
3. NAME OF DECEASED: (Type or Print)			4. DATE OF DEATH		
(First) Delphas (Middle) Ellsworth (Last) Callis			(Month) Sept. (Day) 15, (Year) 19 55		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNOER 1 YEAR
Male	White	Married	April 12, 1893	62 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, or retired):			10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Fireman R. R. B&O R. R. Co.			Maryland.	U.S.A.	
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
Lincoln Callis			Catherine Spiker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:		
yes (If Yes, give war or dates of service) WW #1		705-05-5906	Mrs. D. E. Callis Mt. Lake Park, Md.		

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				
420.1 Immediate cause (a) Coronary Occlusion				
Antecedent cause(s) (b) Arteriosclerosis				
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .				
SIGNATURE		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED		
E. J. Baumgartner		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> 9/15/55		
23. BURIAL, CREMATION, REMOVAL (Specify):		M. D. ASSISTANT MEDICAL EXAM.		
Burial		9/18/1955		
DATE THEREOF		NAME OF CEMETERY OR CREMATORY		
9/18/1955		Oakland Cemetery		
LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR		
Oakland, Md.		Herbert C. Reighton		
DATE REC'D BY LOCAL REG.		ADDRESS		
9/17/1955		Oakland, Md.		

BUREAU V. S.

OCT 4 1955

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08733

8727

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>OAKLAND</u>		<u>11 Hrs. 1 Min.</u>		TOWN <u>DEER PARK, MARYLAND</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
BABY GIRL DAWSON				9 20 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	SINGLE	9-19-55	11 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				OAKLAND, MARYLAND		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
JAMES WAYNE DAWSON				CARLISE, VIRGINIA CORA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
4				JAMES W. DAWSON, DEER PARK, MARYLAND			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
776X IMMEDIATE CAUSE (A) <u>Prematurity</u>						INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> et work Not while <input type="checkbox"/> et work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19 Sept., 1955</u> , to <u>20 Sept., 1955</u> , that I last saw the deceased alive on <u>20 Sept., 1955</u> , and that death occurred at <u>12:16 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Oakland</u>		DATE SIGNED <u>20 Sept 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		9-21-1955		Dawson Cemetery		McCool, Maryland.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
9-21-1955		Julia A. Rowan L.R.		Emory Bolden		Oakland, Md.	
DATE							

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. DATE OF DEATH

4. TIME OF DEATH

5. PLACE OF BIRTH

6. SEX

7. AGE

8. OCCUPATION

9. CAUSE OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF CLERK

14. SIGNATURE OF JURY

15. SIGNATURE OF JUDGE

16. SIGNATURE OF SHERIFF

17. SIGNATURE OF CORONER

18. SIGNATURE OF DISTRICT ATTORNEY

19. SIGNATURE OF COUNTY CLERK

20. SIGNATURE OF TOWNSHIP CLERK

21. SIGNATURE OF VILLAGE CLERK

22. SIGNATURE OF CITY CLERK

23. SIGNATURE OF MAYOR

24. SIGNATURE OF COMMISSIONER

25. SIGNATURE OF GOVERNOR

26. SIGNATURE OF PRESIDENT

27. SIGNATURE OF SENATE

28. SIGNATURE OF HOUSE OF REPRESENTATIVES

29. SIGNATURE OF SUPREME COURT

30. SIGNATURE OF JUSTICES

31. SIGNATURE OF CHIEF JUSTICE

32. SIGNATURE OF CLERK OF SUPREME COURT

33. SIGNATURE OF CLERK OF HOUSE

34. SIGNATURE OF CLERK OF SENATE

35. SIGNATURE OF CLERK OF SUPREME COURT

36. SIGNATURE OF CLERK OF HOUSE

37. SIGNATURE OF CLERK OF SENATE

38. SIGNATURE OF CLERK OF SUPREME COURT

39. SIGNATURE OF CLERK OF HOUSE

40. SIGNATURE OF CLERK OF SENATE

41. SIGNATURE OF CLERK OF SUPREME COURT

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60. SIGNATURE OF CLERK OF HOUSE

BUREAU V. S.

OCT 4 1915

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8728
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08734

Reg. Dist.

No. 166

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Garrett	STATE	Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits write RURAL and give nearest town)	
TOWN	Rural-Oakland	TOWN	Rural--Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	Rural Route 2
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First)	(Middle)	(Last)	(Month) (Day) (Year)
(Type or Print)	Reuben	Ormy	Friend
5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:
Male	White	Married	12/19/1882
9. AGE last birthday:	10. a. WORK OCCUPATION (Give kind of work done during most of work life, even if retired):		
72 yrs.	Farmer		
11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?		
Sines, Maryland			
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Joseph Friend		Florence Friend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:	
(If Yes, give war or dates of service)		220-03-7182A	
17. INFORMANT & ADDRESS:		Mrs. Mary E. Friend, Rt. 1, Oakland Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) CORONARY OCCLUSION			3 yrs.
Antecedent cause(s) (b) Arterio sclerosis			
Diseases or conditions, if any, giving rise to the above cause (c) DUE TO			
stating underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .	SIGNATURE		
R. F. Baumgartner Md			DATE SIGNED
M. D.			9/5/55
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/6/55	Sines Cemetery	near Oakland, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/5/55	Julia Howard	Emory Bolden	Oakland, Md.

BUREAU V. S.

OCT 4 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 08735

8729

I. PLACE OF DEATH:

COUNTY Garrett MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Friendsville Md LENGTH OF STAY (in this place)
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garrett
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Friendsville Md
 STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)
Freeman Franklin Guard

4. DATE OF DEATH: (Month) (Day) (Year)
Sept. 20 1955

5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: Dec 29 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME:

Jetterson Guard

14. MOTHER'S MAIDEN NAME:

Caroline Humbertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS:

Mrs Evelyn Guard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

199.1
 Immediate cause

(a)

Hepatitis, infectious.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

Anemia.

(c)

Penetrating trauma abdominal

malignant

INTERVAL BETWEEN ONSET AND DEATH

3 wks.

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Sept, 1955, to 17 Sept, 1955; that I last saw the deceased alive on 17 Sept, 1955, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Sept 23, 1955

Ruth Frantz Deputy

Chas. B. Humbert Englewood

MARGIN RESERVED FOR BINDING

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

SEP 26 1955

RECEIVED

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8730

CERTIFICATE OF DEATH

08736

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		STATE Maryland		COUNTY Garrett			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland		LENGTH OF STAY (in this place) 43 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Weeks Nursing Home				STREET ADDRESS (If rural give location) ----			
3. NAME OF DECEASED (Type or Print) Martha Pearl Mitchell				4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 5, 1888	9. AGE last birthday 67 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George E. Bishoff				14. MOTHER'S MAIDEN NAME Martha Ann Sisler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. ----		17. INFORMANT & ADDRESS Paul Mitchell Oakland, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
33/X IMMEDIATE CAUSE (A) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSE(S) DUE TO (B) Hypertension							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 3:00A		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 10, 1940, to Sept. 18, 1955, that I last saw the deceased alive on Sept. 17, 1955, and that death occurred at 3:00A M. from the causes and on the date stated above.							
SIGNATURE <i>E. J. Baum</i>				DATE SIGNED 9/19/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				DATE THEREOF 9/20/1955		NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24. REC'D BY REGISTRAR DATE 9/19/55				REGISTRAR'S SIGNATURE <i>Julia A. Rowley</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert C. Leighton</i>	
				ADDRESS Oakland, Md.			

RECEIVED

OCT 4 1955

BUREAU V. S.

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH		5. PLACE OF DEATH		6. CAUSE OF DEATH		7. MANNER OF DEATH		8. PLACE OF BURIAL		9. NAME OF FUNERAL HOME		10. NAME OF MINISTER		11. NAME OF CEMETERY		12. NAME OF INTERVIEWER		13. NAME OF WITNESS		14. NAME OF CORONER		15. NAME OF JURY		16. NAME OF JUDGE		17. NAME OF CLERK		18. NAME OF SHERIFF		19. NAME OF DEPUTY SHERIFF		20. NAME OF CONSTABLE		21. NAME OF JAILER		22. NAME OF PRISONER		23. NAME OF WARDEN		24. NAME OF CHIEF OF POLICE		25. NAME OF DETECTIVE		26. NAME OF INSPECTOR		27. NAME OF SUPERVISOR		28. NAME OF COMMANDER		29. NAME OF CHIEF OF FIRE DEPT.		30. NAME OF FIRE FIGHTER		31. NAME OF ENGINEER		32. NAME OF CONDUCTOR		33. NAME OF PASSENGER		34. NAME OF DRIVER		35. NAME OF MECHANIC		36. NAME OF ELECTRICIAN		37. NAME OF PLUMBER		38. NAME OF CARPENTER		39. NAME OF PAINTER		40. NAME OF ROOFER		41. NAME OF GARDENER		42. NAME OF LANDSCAPE ARCHITECT		43. NAME OF ARCHITECT		44. NAME OF ENGINEER		45. NAME OF SURVEYOR		46. NAME OF APPRAISER		47. NAME OF REALTOR		48. NAME OF BANKER		49. NAME OF ATTORNEY		50. NAME OF JUDGE		51. NAME OF CLERK		52. NAME OF SHERIFF		53. NAME OF DEPUTY SHERIFF		54. NAME OF CONSTABLE		55. NAME OF JAILER		56. NAME OF PRISONER		57. NAME OF WARDEN		58. NAME OF CHIEF OF POLICE		59. NAME OF DETECTIVE		60. NAME OF INSPECTOR		61. NAME OF SUPERVISOR		62. NAME OF COMMANDER		63. NAME OF CHIEF OF FIRE DEPT.		64. NAME OF FIRE FIGHTER		65. NAME OF ENGINEER		66. NAME OF CONDUCTOR		67. NAME OF PASSENGER		68. NAME OF DRIVER		69. NAME OF MECHANIC		70. NAME OF ELECTRICIAN		71. NAME OF PLUMBER		72. NAME OF CARPENTER		73. NAME OF PAINTER		74. NAME OF ROOFER		75. NAME OF GARDENER		76. NAME OF LANDSCAPE ARCHITECT		77. NAME OF ARCHITECT		78. NAME OF ENGINEER		79. NAME OF SURVEYOR		80. NAME OF APPRAISER		81. NAME OF REALTOR		82. NAME OF BANKER		83. NAME OF ATTORNEY		84. NAME OF JUDGE		85. NAME OF CLERK		86. NAME OF SHERIFF		87. NAME OF DEPUTY SHERIFF		88. NAME OF CONSTABLE		89. NAME OF JAILER		90. NAME OF PRISONER		91. NAME OF WARDEN		92. NAME OF CHIEF OF POLICE		93. NAME OF DETECTIVE		94. NAME OF INSPECTOR		95. NAME OF SUPERVISOR		96. NAME OF COMMANDER		97. NAME OF CHIEF OF FIRE DEPT.		98. NAME OF FIRE FIGHTER		99. NAME OF ENGINEER		100. NAME OF CONDUCTOR		101. NAME OF PASSENGER		102. NAME OF DRIVER		103. NAME OF MECHANIC		104. NAME OF ELECTRICIAN		105. NAME OF PLUMBER		106. NAME OF CARPENTER		107. NAME OF PAINTER		108. NAME OF ROOFER		109. NAME OF GARDENER		110. NAME OF LANDSCAPE ARCHITECT		111. NAME OF ARCHITECT		112. NAME OF ENGINEER		113. NAME OF SURVEYOR		114. NAME OF APPRAISER		115. NAME OF REALTOR		116. NAME OF BANKER		117. NAME OF ATTORNEY		118. NAME OF JUDGE		119. NAME OF CLERK		120. NAME OF SHERIFF		121. NAME OF DEPUTY SHERIFF		122. NAME OF CONSTABLE		123. NAME OF JAILER		124. NAME OF PRISONER		125. NAME OF WARDEN		126. NAME OF CHIEF OF POLICE		127. NAME OF DETECTIVE		128. NAME OF INSPECTOR		129. NAME OF SUPERVISOR		130. NAME OF COMMANDER		131. NAME OF CHIEF OF FIRE DEPT.		132. NAME OF FIRE FIGHTER		133. NAME OF ENGINEER		134. NAME OF CONDUCTOR		135. NAME OF PASSENGER		136. NAME OF DRIVER		137. NAME OF MECHANIC		138. NAME OF ELECTRICIAN		139. NAME OF PLUMBER		140. NAME OF CARPENTER		141. NAME OF PAINTER		142. NAME OF ROOFER		143. NAME OF GARDENER		144. NAME OF LANDSCAPE ARCHITECT		145. NAME OF ARCHITECT		146. NAME OF ENGINEER		147. NAME OF SURVEYOR		148. NAME OF APPRAISER		149. NAME OF REALTOR		150. NAME OF BANKER		151. NAME OF ATTORNEY		152. NAME OF JUDGE		153. NAME OF CLERK		154. NAME OF SHERIFF		155. NAME OF DEPUTY SHERIFF		156. NAME OF CONSTABLE		157. NAME OF JAILER		158. NAME OF PRISONER		159. NAME OF WARDEN		160. NAME OF CHIEF OF POLICE		161. NAME OF DETECTIVE		162. NAME OF INSPECTOR		163. NAME OF SUPERVISOR		164. NAME OF COMMANDER		165. NAME OF CHIEF OF FIRE DEPT.		166. NAME OF FIRE FIGHTER		167. NAME OF ENGINEER		168. NAME OF CONDUCTOR		169. NAME OF PASSENGER		170. NAME OF DRIVER		171. NAME OF MECHANIC		172. NAME OF ELECTRICIAN		173. NAME OF PLUMBER		174. NAME OF CARPENTER		175. NAME OF PAINTER		176. NAME OF ROOFER		177. NAME OF GARDENER		178. NAME OF LANDSCAPE ARCHITECT		179. NAME OF ARCHITECT		180. NAME OF ENGINEER		181. NAME OF SURVEYOR		182. NAME OF APPRAISER		183. NAME OF REALTOR		184. NAME OF BANKER		185. NAME OF ATTORNEY		186. NAME OF JUDGE		187. NAME OF CLERK		188. NAME OF SHERIFF		189. NAME OF DEPUTY SHERIFF		190. NAME OF CONSTABLE		191. NAME OF JAILER		192. NAME OF PRISONER		193. NAME OF WARDEN		194. NAME OF CHIEF OF POLICE		195. NAME OF DETECTIVE		196. NAME OF INSPECTOR		197. NAME OF SUPERVISOR		198. NAME OF COMMANDER		199. NAME OF CHIEF OF FIRE DEPT.		200. NAME OF FIRE FIGHTER		201. NAME OF ENGINEER		202. NAME OF CONDUCTOR		203. NAME OF PASSENGER		204. NAME OF DRIVER		205. NAME OF MECHANIC		206. NAME OF ELECTRICIAN		207. NAME OF PLUMBER		208. NAME OF CARPENTER		209. NAME OF PAINTER		210. NAME OF ROOFER		211. NAME OF GARDENER		212. NAME OF LANDSCAPE ARCHITECT		213. NAME OF ARCHITECT		214. NAME OF ENGINEER		215. NAME OF SURVEYOR		216. NAME OF APPRAISER		217. NAME OF REALTOR		218. NAME OF BANKER		219. NAME OF ATTORNEY		220. NAME OF JUDGE		221. NAME OF CLERK		222. NAME OF SHERIFF		223. NAME OF DEPUTY SHERIFF		224. NAME OF CONSTABLE		225. NAME OF JAILER		226. NAME OF PRISONER		227. NAME OF WARDEN		228. NAME OF CHIEF OF POLICE		229. NAME OF DETECTIVE		230. NAME OF INSPECTOR		231. NAME OF SUPERVISOR		232. NAME OF COMMANDER		233. NAME OF CHIEF OF FIRE DEPT.		234. NAME OF FIRE FIGHTER		235. NAME OF ENGINEER		236. NAME OF CONDUCTOR		237. NAME OF PASSENGER		238. NAME OF DRIVER		239. NAME OF MECHANIC		240. NAME OF ELECTRICIAN		241. NAME OF PLUMBER		242. NAME OF CARPENTER		243. NAME OF PAINTER		244. NAME OF ROOFER		245. NAME OF GARDENER		246. NAME OF LANDSCAPE ARCHITECT		247. NAME OF ARCHITECT		248. NAME OF ENGINEER		249. NAME OF SURVEYOR		250. NAME OF APPRAISER		251. NAME OF REALTOR		252. NAME OF BANKER		253. NAME OF ATTORNEY		254. NAME OF JUDGE		255. NAME OF CLERK		256. NAME OF SHERIFF		257. NAME OF DEPUTY SHERIFF		258. NAME OF CONSTABLE		259. NAME OF JAILER		260. NAME OF PRISONER		261. NAME OF WARDEN		262. NAME OF CHIEF OF POLICE		263. NAME OF DETECTIVE		264. NAME OF INSPECTOR		265. NAME OF SUPERVISOR		266. NAME OF COMMANDER		267. NAME OF CHIEF OF FIRE DEPT.		268. NAME OF FIRE FIGHTER		269. NAME OF ENGINEER		270. NAME OF CONDUCTOR		271. NAME OF PASSENGER		272. NAME OF DRIVER		273. NAME OF MECHANIC		274. NAME OF ELECTRICIAN		275. NAME OF PLUMBER		276. NAME OF CARPENTER		277. NAME OF PAINTER		278. NAME OF ROOFER		279. NAME OF GARDENER		280. NAME OF LANDSCAPE ARCHITECT		281. NAME OF ARCHITECT		282. NAME OF ENGINEER		283. NAME OF SURVEYOR		284. NAME OF APPRAISER		285. NAME OF REALTOR		286. NAME OF BANKER		287. NAME OF ATTORNEY		288. NAME OF JUDGE		289. NAME OF CLERK		290. NAME OF SHERIFF		291. NAME OF DEPUTY SHERIFF		292. NAME OF CONSTABLE		293. NAME OF JAILER		294. NAME OF PRISONER		295. NAME OF WARDEN		296. NAME OF CHIEF OF POLICE		297. NAME OF DETECTIVE		298. NAME OF INSPECTOR		299. NAME OF SUPERVISOR		300. NAME OF COMMANDER		301. NAME OF CHIEF OF FIRE DEPT.		302. NAME OF FIRE FIGHTER		303. NAME OF ENGINEER		304. NAME OF CONDUCTOR		305. NAME OF PASSENGER		306. NAME OF DRIVER		307. NAME OF MECHANIC		308. NAME OF ELECTRICIAN		309. NAME OF PLUMBER		310. NAME OF CARPENTER		311. NAME OF PAINTER		312. NAME OF ROOFER		313. NAME OF GARDENER		314. NAME OF LANDSCAPE ARCHITECT		315. NAME OF ARCHITECT		316. NAME OF ENGINEER		317. NAME OF SURVEYOR		318. NAME OF APPRAISER		319. NAME OF REALTOR		320. NAME OF BANKER		321. NAME OF ATTORNEY		322. NAME OF JUDGE		323. NAME OF CLERK		324. NAME OF SHERIFF		325. NAME OF DEPUTY SHERIFF		326. NAME OF CONSTABLE		327. NAME OF JAILER		328. NAME OF PRISONER		329. NAME OF WARDEN		330. NAME OF CHIEF OF POLICE		331. NAME OF DETECTIVE		332. NAME OF INSPECTOR		333. NAME OF SUPERVISOR		334. NAME OF COMMANDER		335. NAME OF CHIEF OF FIRE DEPT.		336. NAME OF FIRE FIGHTER		337. NAME OF ENGINEER		338. NAME OF CONDUCTOR		339. NAME OF PASSENGER		340. NAME OF DRIVER		341. NAME OF MECHANIC		342. NAME OF ELECTRICIAN		343. NAME OF PLUMBER		344. NAME OF CARPENTER		345. NAME OF PAINTER		346. NAME OF ROOFER		347. NAME OF GARDENER		348. NAME OF LANDSCAPE ARCHITECT		349. NAME OF ARCHITECT		350. NAME OF ENGINEER		351. NAME OF SURVEYOR		352. NAME OF APPRAISER		353. NAME OF REALTOR		354. NAME OF BANKER		355. NAME OF ATTORNEY		356. NAME OF JUDGE		357. NAME OF CLERK		358. NAME OF SHERIFF		359. NAME OF DEPUTY SHERIFF		360. NAME OF CONSTABLE		361. NAME OF JAILER		362. NAME OF PRISONER		363. NAME OF WARDEN		364. NAME OF CHIEF OF POLICE		365. NAME OF DETECTIVE		366. NAME OF INSPECTOR		367. NAME OF SUPERVISOR		368. NAME OF COMMANDER		369. NAME OF CHIEF OF FIRE DEPT.		370. NAME OF FIRE FIGHTER		371. NAME OF ENGINEER		372. NAME OF CONDUCTOR		373. NAME OF PASSENGER		374. NAME OF DRIVER		375. NAME OF MECHANIC		376. NAME OF ELECTRICIAN		377. NAME OF PLUMBER		378. NAME OF CARPENTER		379. NAME OF PAINTER		380. NAME OF ROOFER		381. NAME OF GARDENER		382. NAME OF LANDSCAPE ARCHITECT		383. NAME OF ARCHITECT		384. NAME OF ENGINEER		385. NAME OF SURVEYOR		386. NAME OF APPRAISER		387. NAME OF REALTOR		388. NAME OF BANKER		389. NAME OF ATTORNEY		390. NAME OF JUDGE		391. NAME OF CLERK		392. NAME OF SHERIFF		393. NAME OF DEPUTY SHERIFF		394. NAME OF CONSTABLE		395. NAME OF JAILER		396. NAME OF PRISONER		397. NAME OF WARDEN		398. NAME OF CHIEF OF POLICE		399. NAME OF DETECTIVE		400. NAME OF INSPECTOR		401. NAME OF SUPERVISOR		402. NAME OF COMMANDER		403. NAME OF CHIEF OF FIRE DEPT.		404. NAME OF FIRE FIGHTER		405. NAME OF ENGINEER		406. NAME OF CONDUCTOR		407. NAME OF PASSENGER		408. NAME OF DRIVER		409. NAME OF MECHANIC		410. NAME OF ELECTRICIAN		411. NAME OF PLUMBER		412. NAME OF CARPENTER		413. NAME OF PAINTER		414. NAME OF ROOFER		415. NAME OF GARDENER		416. NAME OF LANDSCAPE ARCHITECT		417. NAME OF ARCHITECT		418. NAME OF ENGINEER		419. NAME OF SURVEYOR		420. NAME OF APPRAISER		421. NAME OF REALTOR		422. NAME OF BANKER		423. NAME OF ATTORNEY		424. NAME OF JUDGE		425. NAME OF CLERK		426. NAME OF SHERIFF		427. NAME OF DEPUTY SHERIFF		428. NAME OF CONSTABLE		429. NAME OF JAILER		430. NAME OF PRISONER		431. NAME OF WARDEN		432. NAME OF CHIEF OF POLICE		433. NAME OF DETECTIVE		434. NAME OF INSPECTOR		435. NAME OF SUPERVISOR		436. NAME OF COMMANDER		437. NAME OF CHIEF OF FIRE DEPT.		438. NAME OF FIRE FIGHTER		439. NAME OF ENGINEER		440. NAME OF CONDUCTOR		441. NAME OF PASSENGER		442. NAME OF DRIVER		443. NAME OF MECHANIC		444. NAME OF ELECTRICIAN		445. NAME OF PLUMBER		446. NAME OF CARPENTER		447. NAME OF PAINTER		448. NAME OF ROOFER		449. NAME OF GARDENER		450. NAME OF LANDSCAPE ARCHITECT		451. NAME OF ARCHITECT		452. NAME OF ENGINEER		453. NAME OF SURVEYOR		454. NAME OF APPRAISER		455. NAME OF REALTOR		456. NAME OF BANKER		457. NAME OF ATTORNEY		458. NAME OF JUDGE		459. NAME OF CLERK		460. NAME OF SHERIFF		461. NAME OF DEPUTY SHERIFF		462. NAME OF CONSTABLE		463. NAME OF JAILER		464. NAME OF PRISONER		465. NAME OF WARDEN		466. NAME OF CHIEF OF POLICE		467. NAME OF DETECTIVE		468. NAME OF INSPECTOR		469. NAME OF SUPERVISOR		470. NAME OF COMMANDER		471. NAME OF CHIEF OF FIRE DEPT.		472. NAME OF FIRE FIGHTER		473. NAME OF ENGINEER		474. NAME OF CONDUCTOR		475. NAME OF PASSENGER		476. NAME OF DRIVER		477. NAME OF MECHANIC		478. NAME OF ELECTRICIAN		479. NAME OF PLUMBER		480. NAME OF CARPENTER		481. NAME OF PAINTER		482. NAME OF ROOFER		483. NAME OF GARDENER		484. NAME OF LANDSCAPE ARCHITECT		485. NAME OF ARCHITECT		486. NAME OF ENGINEER		487. NAME OF SURVEYOR		488. NAME OF APPRAISER		489. NAME OF REALTOR		490. NAME OF BANKER		491. NAME OF ATTORNEY		492. NAME OF JUDGE		493. NAME OF CLERK		494. NAME OF SHERIFF		495. NAME OF DEPUTY SHERIFF		496. NAME OF CONSTABLE		497. NAME OF JAILER		498. NAME OF PRISONER		499. NAME OF WARDEN		500. NAME OF CHIEF OF POLICE		501. NAME OF DETECTIVE		502. NAME OF INSPECTOR		503. NAME OF SUPERVISOR		504. NAME OF COMMANDER		505. NAME OF CHIEF OF FIRE DEPT.		506. NAME OF FIRE FIGHTER		507. NAME OF ENGINEER		508. NAME OF CONDUCTOR		509. NAME OF PASSENGER		510. NAME OF DRIVER		511. NAME OF MECHANIC		512. NAME OF ELECTRICIAN		513. NAME OF PLUMBER		514. NAME OF CARPENTER		515. NAME OF PAINTER		516. NAME OF ROOFER		517. NAME OF GARDENER		518. NAME OF LANDSCAPE ARCHITECT		519. NAME OF ARCHITECT		520. NAME OF ENGINEER		521. NAME OF SURVEYOR		522. NAME OF APPRAISER		523. NAME OF REALTOR		524. NAME OF BANKER		525. NAME OF ATTORNEY		526. NAME OF JUDGE		527. NAME OF CLERK		528. NAME OF SHERIFF		529. NAME OF DEPUTY SHERIFF		530. NAME OF CONSTABLE		531. NAME OF JAILER		532. NAME OF PRISONER		533. NAME OF WARDEN		534. NAME OF CHIEF OF POLICE		535. NAME OF DETECTIVE		536. NAME OF INSPECTOR		537. NAME OF SUPERVISOR		538. NAME OF COMMANDER		539. NAME OF CHIEF OF FIRE DEPT.		540. NAME OF FIRE FIGHTER		541. NAME OF ENGINEER		542. NAME OF CONDUCTOR		543. NAME OF PASSENGER		544. NAME OF DRIVER		545. NAME OF MECHANIC		546. NAME OF ELECTRICIAN		547. NAME OF PLUMBER		548. NAME OF CARPENTER		549. NAME OF PAINTER		550. NAME OF ROOFER		551. NAME OF GARDENER		552. NAME OF LANDSCAPE ARCHITECT		553. NAME OF ARCHITECT		554. NAME OF ENGINEER		555. NAME OF SURVEYOR		556. NAME OF APPRAISER		557. NAME OF REALTOR		558. NAME OF BANKER		559. NAME OF ATTORNEY		560. NAME OF JUDGE		561. NAME OF CLERK		562. NAME OF SHERIFF		563. NAME OF DEPUTY SHERIFF		564. NAME OF CONSTABLE		565. NAME OF JAILER		566. NAME OF PRISONER		567. NAME OF WARDEN		568. NAME OF CHIEF OF POLICE		569. NAME OF DETECTIVE		570. NAME OF INSPECTOR		571. NAME OF SUPERVISOR		572. NAME OF COMMANDER		573. NAME OF CHIEF OF FIRE DEPT.		574. NAME OF FIRE FIGHTER		575. NAME OF ENGINEER		576. NAME OF CONDUCTOR		577. NAME OF PASSENGER		578. NAME OF DRIVER		579. NAME OF MECHANIC		580. NAME OF ELECTRICIAN		581. NAME OF PLUMBER		582. NAME OF CARPENTER		583. NAME OF PAINTER		584. NAME OF ROOFER		585. NAME OF GARDENER		586. NAME OF LANDSCAPE ARCHITECT		587. NAME OF ARCHITECT		588. NAME OF ENGINEER		589. NAME OF SURVEYOR		590. NAME OF APPRAISER		591. NAME OF REALTOR		592. NAME OF BANKER		593. NAME OF ATTORNEY		594. NAME OF JUDGE		595. NAME OF CLERK		596. NAME OF SHERIFF		597. NAME OF DEPUTY SHERIFF		598. NAME OF CONSTABLE		599. NAME OF JAILER		600. NAME OF PRISONER		601. NAME OF WARDEN		602. NAME OF CHIEF OF POLICE		603. NAME OF DETECTIVE		604. NAME OF INSPECTOR		605. NAME OF SUPERVISOR		606. NAME OF COMMANDER		607. NAME OF CHIEF OF FIRE DEPT.		608. NAME OF FIRE FIGHTER		609. NAME OF ENGINEER		610. NAME OF CONDUCTOR		611. NAME OF PASSENGER		612. NAME OF DRIVER		613. NAME OF MECHANIC		614. NAME OF ELECTRICIAN		615. NAME OF PLUMBER		616. NAME OF CARPENTER		617. NAME OF PAINTER		618. NAME OF ROOFER		619. NAME OF GARDENER		620. NAME OF LANDSCAPE ARCHITECT		621. NAME OF ARCHITECT		622. NAME OF ENGINEER		623. NAME OF SURVEYOR		624. NAME OF APPRAISER		625. NAME OF REALTOR		626. NAME OF BANKER		627. NAME OF ATTORNEY		628. NAME OF JUDGE		629. NAME OF CLERK		630. NAME OF SHERIFF		631. NAME OF DEPUTY SHERIFF		632. NAME OF CONSTABLE		633. NAME OF JAILER		634. NAME OF PRISONER		635. NAME OF WARDEN		636. NAME OF CHIEF OF POLICE		637. NAME OF DETECTIVE		638. NAME OF INSPECTOR		639. NAME OF SUPERVISOR		640. NAME OF COMMANDER		641. NAME OF CHIEF OF FIRE DEPT.		642. NAME OF FIRE FIGHTER		643. NAME OF ENGINEER		644. NAME OF CONDUCTOR		645. NAME OF PASSENGER		646. NAME OF DRIVER		647. NAME OF MECHANIC		648. NAME OF ELECTRICIAN		649. NAME OF PLUMBER		650. NAME OF CARPENTER		651. NAME OF PAINTER		652. NAME OF ROOFER		653. NAME OF GARDENER		654. NAME OF LANDSCAPE ARCHITECT		655. NAME OF ARCHITECT		656. NAME OF ENGINEER		657. NAME OF SURVEYOR		658. NAME OF APPRAISER		659. NAME OF REALTOR		660. NAME OF BANKER		661. NAME OF ATTORNEY		662. NAME OF JUDGE		663. NAME OF CLERK		664. NAME OF SHERIFF		665. NAME OF DEPUTY SHERIFF		666. NAME OF CONSTABLE		667. NAME OF JAILER		668. NAME OF PRISONER		669. NAME OF WARDEN		670. NAME OF CHIEF OF POLICE		671. NAME OF DETECTIVE		672. NAME OF INSPECTOR		673. NAME OF SUPERVISOR		674. NAME OF COMMANDER		675. NAME OF CHIEF OF FIRE DEPT.		676. NAME OF FIRE FIGHTER		677. NAME OF ENGINEER		678. NAME OF CONDUCTOR		679. NAME OF PASSENGER		680. NAME OF DRIVER		681. NAME OF MECHANIC		682. NAME OF ELECTRICIAN		683. NAME OF PLUMBER		684. NAME OF CARPENTER		685. NAME OF PAINTER		686. NAME OF ROOFER		687. NAME OF GARDENER		688. NAME OF LANDSCAPE ARCHITECT		689. NAME OF ARCHITECT		690. NAME OF ENGINEER		691. NAME OF SURVEYOR		692. NAME OF APPRAISER		693. NAME OF REALTOR		694. NAME OF BANKER		695. NAME OF ATTORNEY		696. NAME OF JUDGE		697. NAME OF CLERK		698. NAME OF SHERIFF		699. NAME OF DEPUTY SHERIFF		700. NAME OF CONSTABLE		701. NAME OF JAILER		702. NAME OF PRISONER		703. NAME OF WARDEN		704. NAME OF CHIEF OF POLICE		705. NAME OF DETECTIVE		706. NAME OF INSPECTOR		707. NAME OF SUPERVISOR		708. NAME OF COMMANDER		709. NAME OF CHIEF OF FIRE DEPT.		710. NAME OF FIRE FIGHTER		711. NAME OF ENGINEER		712. NAME OF CONDUCTOR		713. NAME OF PASSENGER		714. NAME OF DRIVER		715. NAME OF MECHANIC		716. NAME OF ELECTRICIAN		717. NAME OF PLUMBER		718. NAME OF CARPENTER		719. NAME OF	
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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8731

CERTIFICATE OF DEATH

08737

166

Item 9, Film 187 10-11-55 et

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT.		MARYLAND		STATE MD		COUNTY GARRETT.	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN OAKLAND MD				TOWN OAKLAND MD. X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) ELIZABETH (Middle) (Last) REYNOLDS.				(Month) (Day) (Year)			
				SEPT. 10 1953			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	WIDOWED	OCT-4-1868.	84/86 yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE				REESE'S MILL. W.VA.		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
GEORGE LEASE.				MARTHA M^{rs} DONNELL.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				J.M. KUYKENDALL. KEYSER. W.VA.			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
422.1 IMMEDIATE CAUSE (A) Arteriosclerotic Cardio Vascular				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) Disease with heart failure				?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Semility							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
none							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 3, 1953 , to Sept 3, 1953 , that I last saw the deceased alive on Sept 3, 1953 , and that death occurred at 4:30 A.M. from the causes and on the date stated above.							
SIGNATURE Thomas J. Cusby M.D.				ADDRESS (Street, city, town, state) Oakland Md DATE SIGNED 8/10/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		SEPT-12-53		EDGEHIA CEMETERY		NEAR FORT ASHBY W.VA.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
9/11/55		Julia A Rowan		Emory Belden		OAKLAND. MD.	

173949

© 1994 by M. D. ...

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W. 20158 Oct-4-1967

37, 43, 52, 54

George L. ...

2nd Kyrkwood, Kyrkwood, W. Va.
MARTIN M. DONNELLY
1000 1st St. W. Va.

BUREAU V. S.

OCT 7 1955

RECEIVED

7-10-62

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08738

8732

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town) RURAL-DEER PARK		LENGTH OF STAY 27 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) RURAL-DEER PARK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS STATE RT. 219 -5mi. North				STREET ADDRESS (If rural give location) State Rt. 219			
3. NAME OF DECEASED (First) LAURA (Middle) ELIZABETH (Last) SHARPLESS				4. DATE OF DEATH (Month) SEPT. (Day) 26, (Year) 1955			
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 30, 1882	9. AGE last birthday 73 yrs.	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Chaffee, Garrett Co., Md.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME LEWIS FRANCES HARVEY				14. MOTHER'S MAIDEN NAME MELISSA HARVEY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT & ADDRESS STANLEY SHARPLESS R#2, Deer park, Md			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
331x IMMEDIATE CAUSE (A) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerosis						18 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/25, 1955, to 9/25, 1955, that I last saw the deceased alive on 9/25, 1955, and that death occurred at 5:30 A.M. from the causes and on the date stated above.							
SIGNATURE <i>Stanley Sharpless</i> M.D.				ADDRESS (Street, city, town, state) Oakland Md			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 9/28/55		NAME OF CEMETERY OR CREMATORY Sharpless Cemetery		LOCATION (City, town, or county) Mt. Zion, Garrett Co., Md.	
24. REG'D BY REGISTRAR DATE 9/27/1955		REGISTRAR'S SIGNATURE <i>Julia A. Brown</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stanley Sharpless</i>		ADDRESS Blaine, W. Va.	

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH-BALTIMORE 12

1955

116

1. Name of deceased: **MARYLAND**

2. Date of death: **SEPT. 25, 1955**

3. Place of death: **ST. LOUIS, MO.**

4. Age at death: **78**

5. Sex: **Female**

6. Marital status: **Widowed**

7. Cause of death: **Heart Disease**

8. Date of burial: **SEPT. 26, 1955**

9. Name of funeral home: **STANLEY SHAPIRO, INC., DEPT. 100, N.Y.C.**

10. Signature of physician: **[Signature]**

11. Signature of registrar: **[Signature]**

12. Signature of undertaker: **[Signature]**

13. Signature of witness: **[Signature]**

14. Signature of coroner: **[Signature]**

15. Signature of registrar: **[Signature]**

16. Signature of undertaker: **[Signature]**

17. Signature of witness: **[Signature]**

18. Signature of coroner: **[Signature]**

19. Signature of registrar: **[Signature]**

1. Name of deceased: **MARYLAND**

2. Date of death: **SEPT. 25, 1955**

3. Place of death: **ST. LOUIS, MO.**

4. Age at death: **78**

5. Sex: **Female**

6. Marital status: **Widowed**

7. Cause of death: **Heart Disease**

8. Date of burial: **SEPT. 26, 1955**

9. Name of funeral home: **STANLEY SHAPIRO, INC., DEPT. 100, N.Y.C.**

10. Signature of physician: **[Signature]**

11. Signature of registrar: **[Signature]**

12. Signature of undertaker: **[Signature]**

13. Signature of witness: **[Signature]**

14. Signature of coroner: **[Signature]**

15. Signature of registrar: **[Signature]**

16. Signature of undertaker: **[Signature]**

17. Signature of witness: **[Signature]**

18. Signature of coroner: **[Signature]**

19. Signature of registrar: **[Signature]**

MASSACHUSETTS DEPARTMENT OF HEALTH-BALTIMORE 12

1. Name of deceased: **MARYLAND**

2. Date of death: **SEPT. 25, 1955**

3. Place of death: **ST. LOUIS, MO.**

4. Age at death: **78**

5. Sex: **Female**

6. Marital status: **Widowed**

7. Cause of death: **Heart Disease**

8. Date of burial: **SEPT. 26, 1955**

9. Name of funeral home: **STANLEY SHAPIRO, INC., DEPT. 100, N.Y.C.**

10. Signature of physician: **[Signature]**

11. Signature of registrar: **[Signature]**

12. Signature of undertaker: **[Signature]**

13. Signature of witness: **[Signature]**

14. Signature of coroner: **[Signature]**

15. Signature of registrar: **[Signature]**

16. Signature of undertaker: **[Signature]**

17. Signature of witness: **[Signature]**

18. Signature of coroner: **[Signature]**

19. Signature of registrar: **[Signature]**

BUREAU V. 2

OCT 4 1955

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Bureau, W.V.

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